



PERSONNEL INFORMATION SHEET

Please Fax to (800) 529-4681 or Email to: af.sb@pentagon.af.mil

Questions? Please call (800) 762-7407

FULL NAME (As you normally sign it):

PREFERRED TITLE (Mr., Dr., Prof, etc.):

MILITARY / GOVERNMENT RANK:

ACTIVE DUTY / RETIRED?

PRINCIPAL EMPLOYMENT TITLE (President, Director, Manager, etc.):

BUSINESS

ORGANIZATION:

STREET1:

STREET2:

CITY / STATE / ZIP:

PHONE:

FAX:

E-MAIL ADDRESS:

HOME:

STREET1:

STREET2:

CITY / STATE / ZIP:

PHONE:

FAX:

E-MAIL ADDRESS:

SECURITY:

SOCIAL SECURITY NUMBER (SSAN):

DATE OF BIRTH:

PLACE OF BIRTH (CITY, STATE):

DO YOU HAVE A SECURITY CLEARANCE? (Please check if yes):

IF YES, PLEASE COMPLETE THE FOLLOWING:

CLEARANCE LEVEL:

ISSUING AGENCY (AF, DISCO, NRO, WHS, etc.):

DATE CLEARANCE ISSUED:

DATE CLEARANCE EXPIRES:

POC (Your Security Manager):

NAME:

ORGANIZATION:

PHONE NUMBER:

DO YOU HAVE A SCI CLEARANCE? (Please check if yes):

IF YES TO THE ABOVE QUESTION, PLEASE COMPLETE THE FOLLOWING:

SCI POC (Your SSO Security Officer):

NAME:

ORGANIZATION:

PHONE NUMBER: